

23  
123  
7  
30

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10823107

FILING DATE

04-12-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		2				
19		2				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45	1	3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	2					
TOTAL DEP.		162				
TOTAL CLAIMS		164				

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		1				
53		1				
54		1				
55		2				
56		2				
57		2				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

45  
135  
30  
12  
177

23  
123  
7  
30

43  
+2  
86

41  
+2  
8